155C

BALANCE BARABAR

-6

SOCHARA
Community Health Library and Information Centre (CLIC)
Community Health Cell
85/2, 1st Main, Maruthi Nagar, Madiwala,
Bengaluru - 560 068

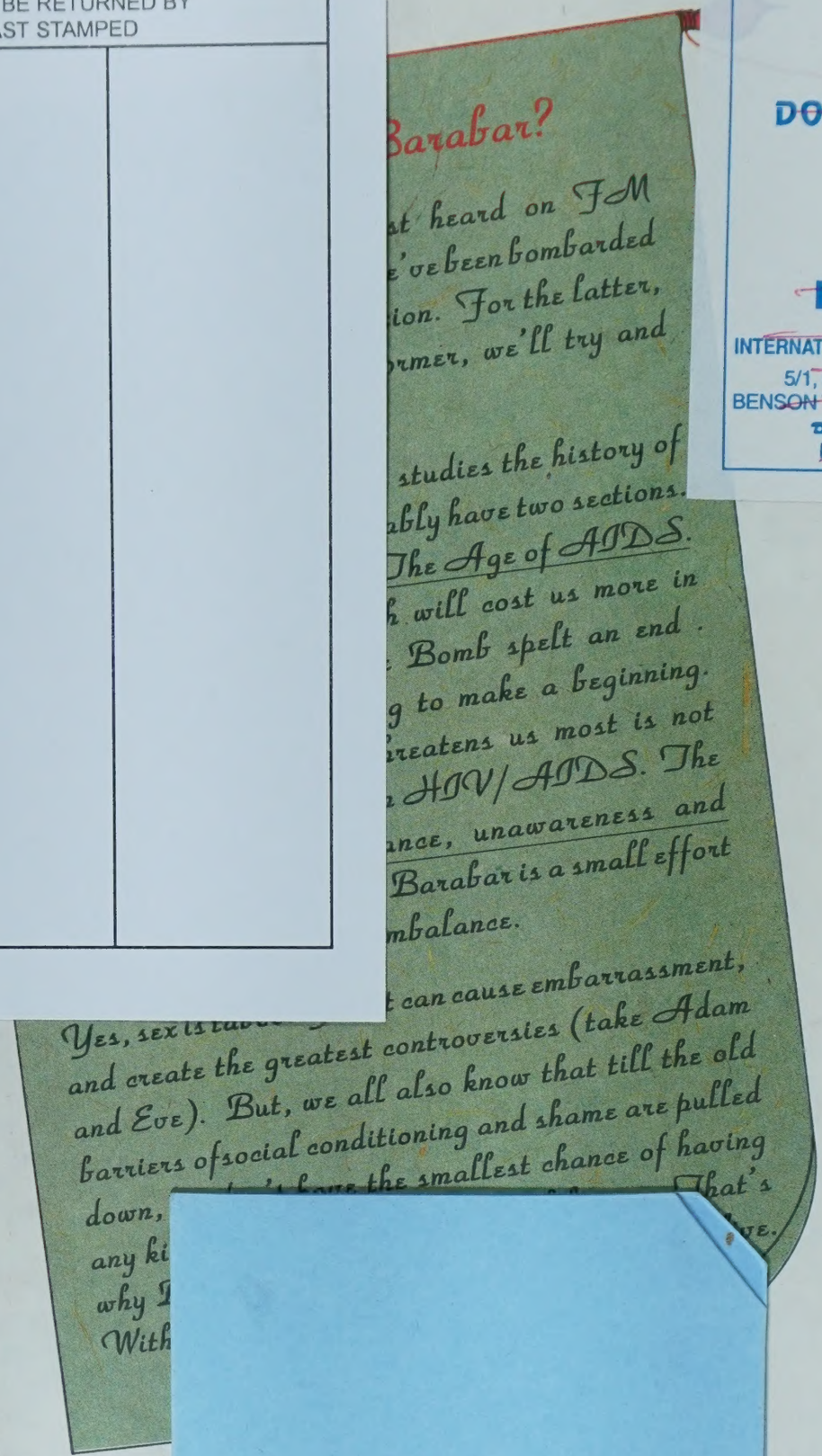
THIS BOOK MUST BE RETURNED BY THE DATE LAST STAMPED		

Acc. No. : 861

Class Code : 3.03

DOCUMENTATION CENTRE

INSA
INTERNATIONAL SERVICES ASSOCIATION
5/1, BENSON CROSS ROAD,
BENSON TOWN, BANGALORE-560 046.
☎ : 3536633, 3536299.
FAX : 91-80-3536633.



Barabar?

st heard on FM
e've been bombarded
ion. For the latter,
rmer, we'll try and

studies the history of
ably have two sections.
The Age of AIDS.
h will cost us more in
Bomb spelt an end.
g to make a beginning.
reatens us most is not
HIV/AIDS. The
ance, unawareness and
Barabar is a small effort
mbalance.

t can cause embarrassment,
Yes, sex is
and create the greatest controversies (take Adam
and Eve). But, we all also know that till the old
barriers of social conditioning and shame are pulled
down,
any ki
why
With

That's
ve.

15713

Community Health Library and Information Centre
CPHE - SOCHARA
Koramangala
Bangalore (CLIC)

SOCHARA
Community Health
Library and Information Centre (CLIC)
Community Health Cell
85/2, 1st Main, Maruthi Nagar,
Madiwala, Bengaluru - 560 068.
Tel : 080 - 25531518
email : clic@sochara.org / chc@sochara.org
www.sochara.org

Common Queries About Sex

Does kissing cause AIDS? *(No evidence yet.)*

Can masturbation stunt growth? *(No way man!)*

Can anyone get pregnant after “only once”? (Absolutely. Don't you watch Hindi movies!)

Do "nice girls” also masturbate? ("Nice girls"?... What about "nice boys"?)

Can oral sex cause pregnancy? (A million rupees to the person who can prove this!)

Is using condoms really unmacho? (No guys. But *not* using them is sure uncool.)

Can you tell if someone is a “virgin”? (Only a real ignoramus can ask this in this day and age. Of course you can't.)

Do old people and children also get AIDS? (Take a look at the statistics, buster. You'll be surprised at the numbers.)

Is a large penis the criteria for sexual satisfaction? (How about trying some passion and caring instead?)

Is a woman still fertile after taking OCPs? (The world's population would be lesser by millions otherwise.)

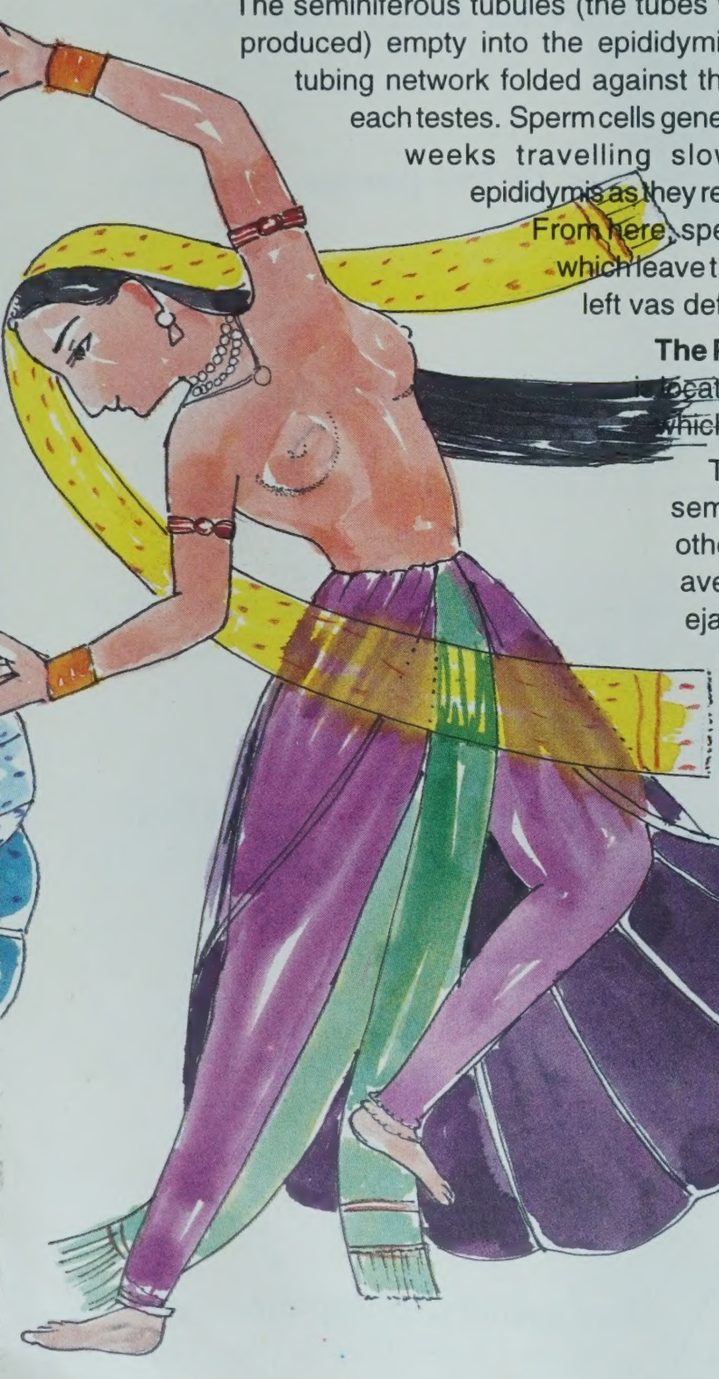
Complementary Sexes?

between Men and Women)

Testes have two separate functions. a) Hormonal - Production of testosterone, which controls male sexual development, especially during puberty. b) Sperm production - This occurs in the tightly coiled seminiferous tubules measuring almost 500 meters (more than a quarter mile) in length. The entire process of sperm production takes seventy days.

A mature sperm is about 1/500 inch in length. It consists of three pieces: a head, a midpiece, and a tail. The head of the sperm contains genetic material (Chromosomes) which determine the baby's sex, whether it will be a girl or a boy. The midpiece contains an energy system that allows the sperm to swim by lashing its long tail back and forth.

The seminiferous tubules (the tubes where sperms are produced) empty into the epididymis, a highly coiled tubing network folded against the back surface of each testes. Sperm cells generally spend several weeks travelling slowly through the epididymis as they reach full maturation.



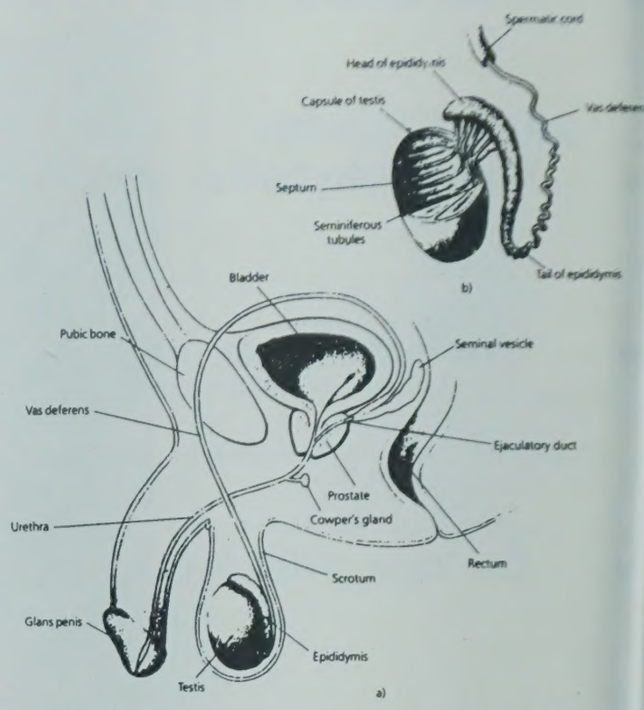


FIGURE 9 Internal Side View of the Male Reproductive System

From here, sperms are carried into the vas deferens, a long tube (16 inches), a pair o which leave the scrotum and curve alongside and behind the bladder. Both the right and left vas deferens are cut when a vasectomy is done.

The Prostate Gland: The prostate gland, normally about the size of a chestnu is located directly below the bladder and surrounds the urethra (the tube through which urine passes) as it exits from the bladder.

The prostate produces a clear fluid that makes up about 30 percent of th seminal fluid, the liquid that is expelled from the penis during ejaculation. Th other 70 percent of seminal fluid comes from the seminal vesicles. On a average, there are 3 to 5 milliliters (about one teaspoonful of semen) pe ejaculate. A count of 40 to 120 million sperm per milliliter is considere normal. This means that there may be 120 to 600 million sperm in a singl ejaculate.

After a vasectomy, although there are no sperm in the ejaculate, th amount of fluid in the ejaculate remains the same.

Seminal fluid ranges in colour from whitish to tones of yellow or gra and has a creamy, sticky texture. It consists of water, mucus, and larger number of chemical substances that include sugar. Cowper glands are two pea-sized structures connected to the urethra jus below the prostate gland. They produce a few drops of fluid, whic sometimes appear at the tip of the penis during sexual arousal bu before ejaculation.

The Female Sexual Anatomy: Complementary Differences

A woman is obviously different from a man, not only anatomically b she may also have different perceptions and experiences. Although ho

(See page 1

Opposite Sexes OR

(Exploring the differences

life on the planet Earth is composed of only two sexes - Male and Female. True, there are certain plants and other beings that are termed hermophrodite, androgynous or unisexual. But an examination shows that either they do not eate through the sexual process at all (eg. Ameoba) or combine both male and female characteristics within the body elf pollinating flowers). But for virtually all sentient life, the two genders are accepted as the norm.

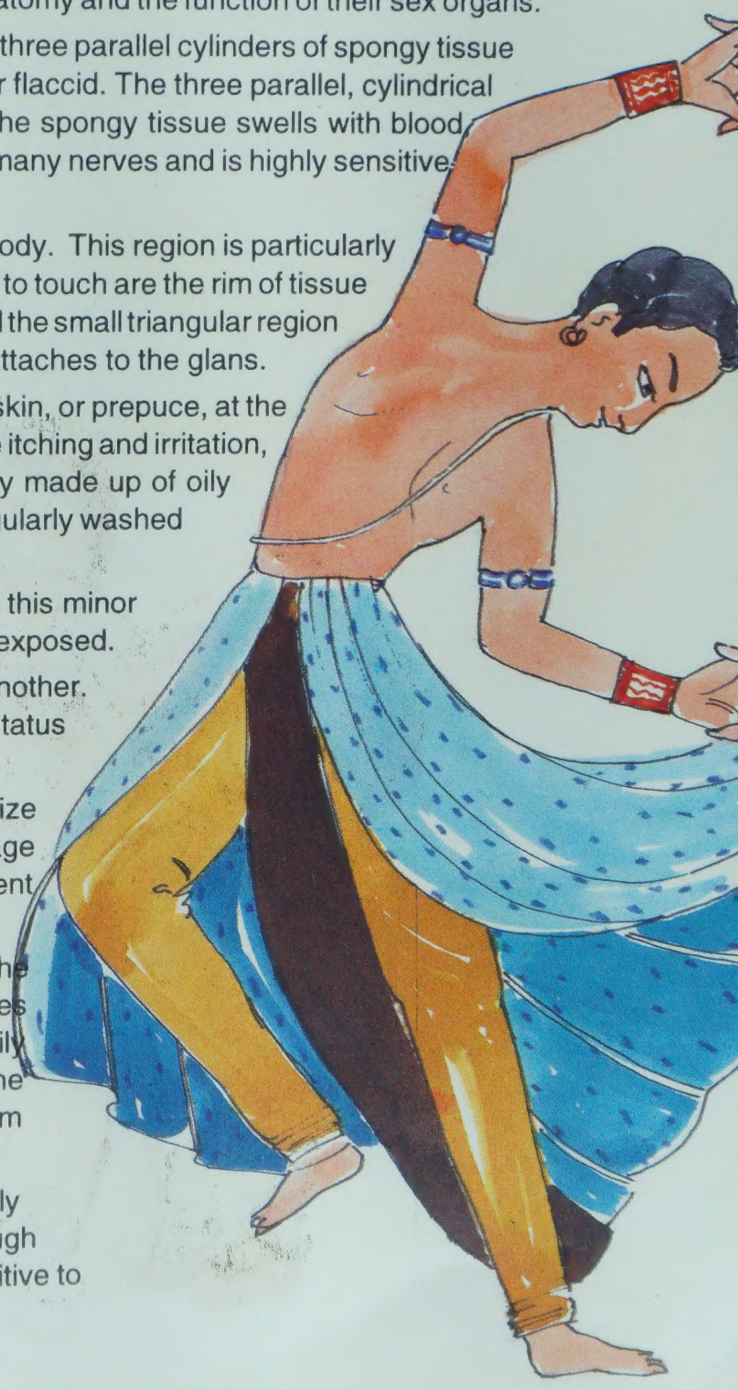
e two genders are called opposite sexes. But a more appropriate term would be "complementary sexes". A closer look veal that most differences between men and women, physiological or psychological, in reality, complement each other.

hat follows is a brief look at the sexual anatomies of men and women– the complementary structures evolved for eation and the survival of the species.

en: The Sexual Anatomy

e male sex organs are more visible than the female sex organs. Since penis is involved directly in the process nation, boys become accustomed to touching and handling their penises at a relatively early age. Despite such sure, many males are not fully informed about the details of the anatomy and the function of their sex organs.

e Penis: The penis is an external organ that consists primarily of three parallel cylinders of spongy tissue d in thick membrane sheaths. Normally, the penis hangs loose or flaccid. The three parallel, cylindrical gy bodies are dotted with small blood vessels. During arousal, the spongy tissue swells with blood, ng the penis to become erect for intercourse. The penis also has many nerves and is highly sensitive uch.



e tip of the penis, the glans or head, consists entirely of spongy body. This region is particularly tive to physical stimulation. Two other areas particularly sensitive to touch are the rim of tissue eparates the glans from the shaft of the penis(the coronal ridge) and the small triangular region e underside of the penis where a thin strip of skin(the frenulum) attaches to the glans.

ne skin that covers the penis is freely movable and forms the foreskin, or prepuce, at the . Sometimes the foreskin sticks to the underlying glans may cause itching and irritation, smegma, a naturally occuring substance of cheesy consistency made up of oily etions, dead skin cells, dirt particles, sweat, and bacteria, is not regularly washed from underneath the foreskin.

ircumcision is the surgical removal of the foreskin. As a result of this minor ation, usually done shortly after birth, the glans of the penis is fully exposed.

he appearance of the penis varies considerably from one male to another. se variations are due to differences in colour, size, shape, and the status e foreskin.

oncerns about penile size are common in males of all ages. The size a nonerect penis differs widely from one male to another (the average th is approx. 3 inches in flaccid state), but this variation is less apparent e erect state.

he Scrotum: The scrotum is a thin loose sac of skin underneath the s that is sparsely covered with pubic hair and contains the testicles es). The scrotum has a layer of muscle fibres that contract involuntarily result of sexual stimulation, exercise, or exposure to cold, causing the es to be drawn up against the body. These reflexes help the scrotum aintain a stable temperature in the testes.

he Testes: The testes (the male gonads) are paired structures usually ained in the scrotum. The two testes are about equal in size, although generally hangs lower than the other. The testes are highly sensitive to sure or touch.

Let's talk about being

Let's talk about

LETS TALK
NOW !

althy tomorrow

ing safe today

BOUT SEX

DESTROYING

In everyday life, the word "sex" is often used to denote biological gender (male or female) or to refer to any physical activity involving the genitals (having sex). The word "sexuality" generally has a broader meaning since it refers to all aspects of being sexual. It means a dimension of the personality instead of referring to a person's capacity for erotic response alone.

Every person has sexual feelings, attitudes and beliefs, but every one's experience of sexuality is unique because it is processed through an intensely personal prespective. This prespective comes from both personal, private experiences as well as public and social sources. In fact, it is impossible to understand sexuality without recognising its multidimensional character.

Sex and sexuality are not mere physiological transactions. There are related concepts to it. It implies love and lovemaking, it is the nucleous of such enduring institutions as marriage and family. Sex and sexuality, also have social, psychological, physical and cultural dimensions. Such is its all prevading nature that it is the very fabric of our lives. We are born as a consequence of sex between two people. Our life consists of a series of actions taking place between ourselves and other men and women. A very large extent of these actions are determined by our gender and the gender of the person we interact with. Our psyches are influenced by our relations with people of the same gender and of the opposite gender. A very primary objective of our life is to find a suitable person to mate with and have children with.

We are born as a consequence of sex between two people. Our life consists of a series of actions taking place between ourselves and other men and women. A very large extent of these actions are determined by our gender and the gender of the person we interact with...

If this is the reality, then how is it that such a natural force became taboo? Perhaps, the answer is that...some where, deep within themselves, humans have realized that sex and sexuality can completely control and influence human thought and behaviour. Such potent forces must be used with discretion and control to achieve a desired behavior pattern. Most importantly, if civilization and society are to have stable, cohesive structures, then sex cannot be allowed to be a random force. The definition of what comprises a stable cohesive social structure has changed and differed widely from place to place and time to time. But the importance of sex and sexuality and the influence they can wield have remained unchanged by and large.

In India, from a historic perspective, sex was given its rightful place in the human scheme of things. The explicit sexual imagery found in Ancient Indian literature (Kamasutra, Kumarasambhava) and sculpture (Khajuraho, Konark) provides ample evidence.

This concept of sex and sexuality kept being defined and redefined according to the changing times and needs of the society. However, it encountered

TABOOS

a serious set back in the last three centuries with the imposition of foreign rule and the beliefs of the rulers.

Today, the situation is such that taboos and restrictions are accepted with no questions asked. *"The girl must be a virgin." "Homosexuality is a sin against nature." "Masturbation has horrible consequences." "Women are unclean during menstruation." "Women can't have an orgasm." "The man must always be the controlling partner"*– all these are just variations on a familiar theme.

What is worse, is that because of prevalent attitudes which try to deny sex and its influence, we have no access to any source of comprehensive information. In a society like ours, sex has of necessity, assumed a covert form. Cheap literature and films designed only to titillate have served to increase the misinformation. Myths and misconception are rampant, and in part reinforced by the quacks masquerading as "sexperts". Since the subject is unmentionable, troubled young people, ranging from pubescent teenagers to married persons in their thirties, are unable to clear their doubts and misunderstandings by gaining knowledge from credible sources.

"The girl must be a virgin." "Homosexuality is a sin against nature." "Masturbation has horrible consequences." "Women are unclean during menstruation." "Women can't have an orgasm." "The man must always be the controlling partner"– all these are just variations on a familiar theme.

This age is The Age of AIDS. A killer disease which spreads exponentially. There is no cure for AIDS as of now. The only way to save ourselves is by preventing AIDS. And this can only be done by information. **Correct information.**

Apart from saving people from AIDS, open communication about sex can also have several other effects. Undesired pregnancies, the imminent population explosion, mental and physical agony and doubts can all be avoided by open communication.

Common sense tells us that curiosity can be a dangerous thing. It is a part of human nature to try and uncover every hidden object. By making sex taboo, all we are doing is arousing unhealthy curiosity and making people unnaturally obsessive. Once the veils have been drawn away, sex and sexuality will lose their forbidden and illegitimate aura. Instead of knowing about sex and sexuality only in fragments and pieces, and the consequent unhealthy attitude which inevitably follows, young people will be able to appreciate sex holistically. More importantly, each person will be able to take the responsibility of his or her own sexuality and sexual behaviour in the light of full knowledge.

On the whole, a person and the society in which he or she lives, will be much more fulfilled and harmonious if these taboos are destroyed. The nature of sex and sexuality must be viewed comprehensively and closely before informed decisions about one's actions and their consequences can be taken responsibly.

Love: Two Outlooks

Love: Oh! What a feeling!

Love. How does one define love? Or even explain it. It's ethereal and down to earth. It's sublime and pedestrian. It's everything and nothing.

Love is when it's 10 pm and you get this craving for a *gulab jamun* and even though you are not sick or pregnant, he drives to the bazaar to get you some.

Love is agreeing with her completely when she needs you to agree with her, and telling her the plain truth when she needs you to tell the plain truth and knowing when she needs which.

Love is when all your liberal ideas about open-ended relationships and the stupidity of jealousy and possessiveness take a flying leap out of the window and you want to scratch out your partner's eyes for looking at someone else with the special glance which you thought was exclusively yours.

Love is putting-up with his bad moods and unpunctuality and forgetfulness and bouts of sarcasm and unreasonable attitude and still not wanting to completely change his personality.

Love is telling her that she is excitingly beautiful even when she has spent her whole day in her nighty, cleaning the house and cooking and feeling unappreciated and wondering if she is turning into a drudge.

Love is being annoyed when he snores. And resenting him when he interrupts you. And hating him when you ask him to pick you up from the office and he tells you that he can't because he is too busy. And love is hating him only because you love him so much.

Love is knowing that she is being snappy only because she is upset because her period is late. Love is understanding that he is laughing so much only because he is nervous about his interview tomorrow. Love is letting him cry in your lap and treating him like a baby because he needs it just then for you to be motherly.

Love is nagging her to eat her breakfast even if she is late for her office and pamper her like her father because it makes her feel good for a while and very secure.

And most of all, love is doing some special things for your beloved which you will *never ever* do for anyone else in the whole wide world.

/hat is this feeling called love?

Falling in love. The phrase conjures up mystery, excitement, and stasy. It's the old black magic at work again. In recent years, researchers several institutions have been taking a closer look at the biochemistry of ve. Their findings reveal that this ancient, mysterious, ethereal force has rtain definable physiological components. Current biochemical research ows that while a person is in love, certain chemical activity in his/her body creases. A theory which is being put forward is that while "in love" the brain urs out an above normal amount of an amphetamine like chemical called *henylethylanine.* This would account for the giddiness, appetite loss, phoria, increased adrenaline, the ability to go without sleep, seen in so any lovers. This is very similar to the "high" experienced while using mphetamines.

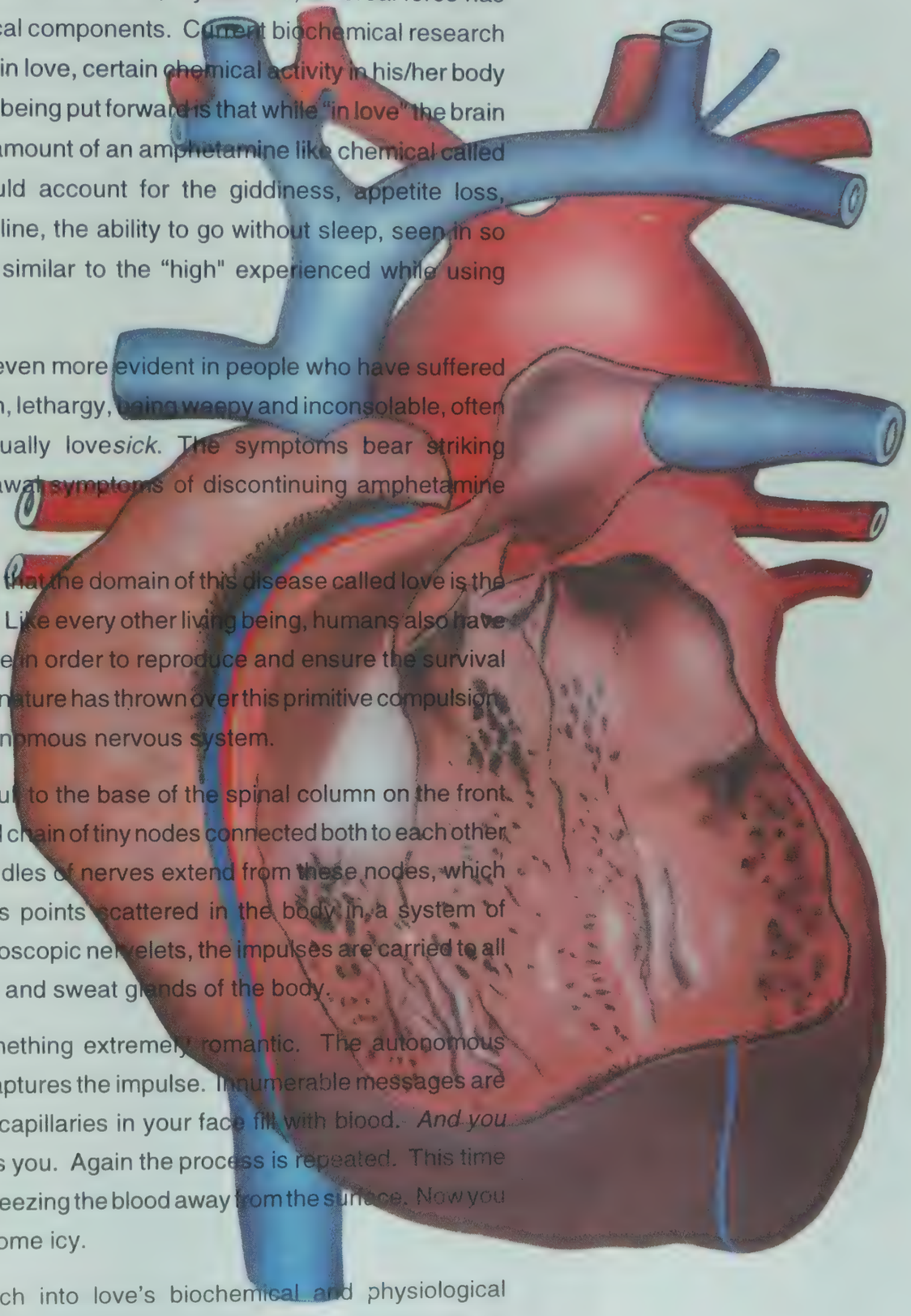
The role of chemistry is even more evident in people who have suffered jection in love. Depression, lethargy, being weepy and inconsolable, often ver-eating. They are actually love*sick*. The symptoms bear striking semblance to the withdrawal symptoms of discontinuing amphetamine sage.

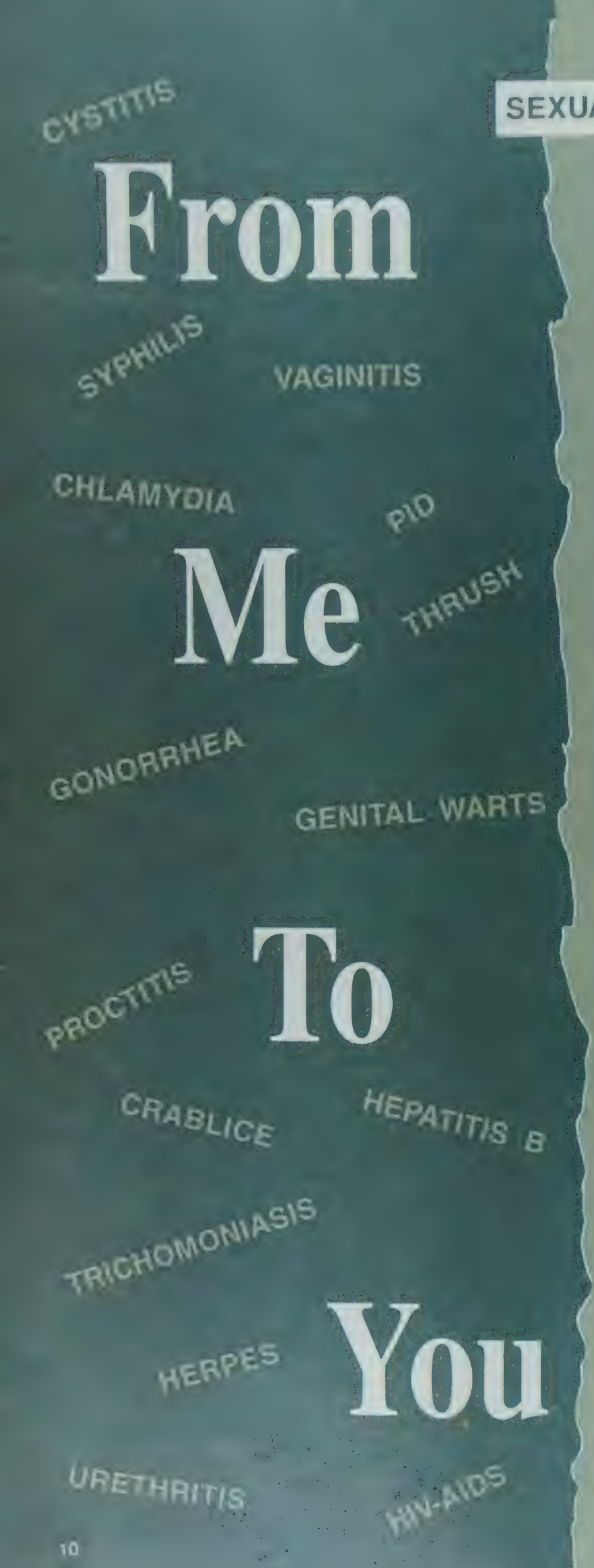
Another theory suggests that the domain of this disease called love is the utonomic nervous system. Like every other living being, humans also have is genetic urge to copulate in order to reproduce and ensure the survival f the species. Mischievous nature has thrown over this primitive compulsion magic veil called the autonomous nervous system.

From the base of the skull to the base of the spinal column on the front f each vertebrae, is a paired chain of tiny nodes connected both to each other nd to the spinal cord. Bundles of nerves extend from these nodes, which neet each other at various points scattered in the body in a system of omplex circuitery. By microscopic nervelets, the impulses are carried to all he capillaries, hair follicles and sweat glands of the body.

Your beloved says something extremely romantic. The autonomous ervous system instantly captures the impulse. Innumerable messages are et off. The thousands of capillaries in your face fill with blood. *And you lush!* Or your lover spurns you. Again the process is repeated. This time he capillaries constrict, squeezing the blood away from the surface. Now you urn pale. Your hands become icy.

Despite all the research into love's biochemical and physiological actors, the true nature of the experience remains a mystery. As an eminent sychologist puts it, "Ultimately, romantic love can only be defined as a assionate, spiritual, emotional, sexual attachment that reflects a high regard or the value of each other's personality."





SEXUALLY TRANSMITTED DISEASES

Sexual activity and the pleasure one derives from it are a gift of nature to human beings. Apart from the pleasure of intercourse itself, sexual intimacy can be a warm, caring, exciting experience for those who choose to be sexually active. But the fact, which is now making its importance more clear than ever before is that **SEX REQUIRES RESPONSIBILITY**. Because it is that one activity upon which decisions about life and death rest. This is not an exaggeration but a basic truth. Unwanted pregnancies, trauma, violence, guilt, marital difficulties and even death from diseases are the other side of the coin called sex. This is not meant to put you off the joys of sex. However, it does intend to make you careful that while sharing enjoyment and affection during sex you don't inadvertently end up sharing diseases.

WHAT ARE STDs?

Diseases which can be passed from one person to another during sexual contact are known as Sexually Transmitted Diseases (STDs). Some spread more easily than others. You can never become immune to STDs. You can get re-infected and you can have more than one STD at the same time. Some STDs don't show any symptoms, so a person can be infected and unknowingly transmit the infection to his/her partner.

Most STDs can be effectively treated through modern medicine. Some others, like Herpes, have only limited therapy. A few, like AIDS, are incurable and may be fatal. So STDs are a serious matter, and no one can afford to take them lightly.

HOW DO YOU KNOW YOU HAVE AN STD INFECTION?

No one who is sexually active, is really safe from STDs. It does not matter what kind of a person you are, straight or gay, rich or poor, male or female. It's not what you are that can give you an STD, *it is what you do.*

Some people can have an infection without noticing any symptoms at all. A large majority of women with Gonorrhea do not show any symptoms. A lot of people with Herpes don't get any sores. Nevertheless, there

are some signs which can give you an indication of STDs.

•Unusual discharge from the penis or the vagina.

Women normally have some fluid discharge from the vagina which keeps it clean. Men apart from discharging semen, also discharge a pre-ejaculatory fluid. Both these are normal and natural. It is dangerous only when the discharge:

– Changes colour

– has an unpleasant or different smell

– becomes curdlike in appearence.

– causes irritation or itching

- **Sore or blister near the vagina, penis or anus**
- **Pain or burning while passing urine or an urge to urinate more often than usual**
- **Pain during intercourse**

So if you think you might have an infection, the best thing to do is to get a medical checkup from a qualified doctor. Most large hospitals have a special STD, skin, or venereal diseases department where confidentiality can be ensured.

HOW TO PROTECT YOURSELF FROM INFECTION?

The motto which can be applied blindly in context of STDs is **prevention is better than cure**. So it's better to play safe now than to be sorry later. The more you can follow the points given below, the less you'll be at risk from infecton.

• Limit your partners

You don't have to sleep with a lot of people to get STDs. But your chances of getting infected increase when you have unprotected sex with multiple partners. It's best to limit having sex to a long term monogamous relationship with one partner.

• Think before you have sex

Do you have any knowledge of your partner's sexual history? Do you really need to have sex immediately? It's best not to take a chance. Avoid having sex if you or your partner have any sore, discharge or inflammation around the genital area. If you or your partner have cold sores around the mouth or have bleeding gums then try to avoid having oral sex.

• Use Safer Sex techniques

Very briefly, Safer Sex refers to sexual behaviours or practices that reduce the chances of exchange of body fluids, as vaginal/semen fluid could carry viruses or bacteria that transmit STDs. Two common examples of Safer Sex are non-penentrative sex and the consistent and correct use of condoms. (see pg. 25)

• Hygiene and cleanliness

As soon as possible after intercourse, pass urine and wash the genital area. It may not always be convenient but it does reduce the risk of contracting certain STDs. The genital area should anyway be regularly cleaned and washed with soap and water everyday.

• Talk to your partner

Talk about sex with your partner. Learn each other's health and sexual history. Be honest if you have an infection so that both of you can make informed decisions. It may not always be easy, but tell your partner that you feel shy or uncomfortable talking about sex. Talk about Safer Sex and take decisions together. Make this talking together a continuous process and not a one time event.

Health Library and Information Centre
CPHE - SOCHARA
Koramangala
Bangalore - 34

By now you must be wondering what all these infections really are, what causes them and what happens when a person gets them. Well, here's your chance to find out...

Disease	Symptoms	Treatment	Effect
Chlamydia	Men: Burning on urination and discharge from penis. Women: Often no symptoms until PID* begins. People often have no symptoms but are still infected and contagious.	Infected persons and their sexual partners must be tested and/or treated with antibiotics.	In women, there's an increased risk of ectopic (tubal) pregnancy. In men, infection of the prostate and epididymis.
Herpes	Sores around mouth (cold sores), genitals or anus, often with small painful blisters. Some people have no symptoms but are still infected and contagious.	Infected persons should avoid intimate sexual contact while sores persist. Some capsules or ointment may be helpful but will not cure Herpes.	May contribute to cervical cancer and pregnancy problems in women.
Crab Lice	Itching, especially at night; visible, moving lice in pubic hair and eggs (nits) attached to hair shafts.	Lotions to kill lice; recent sexual partners should be treated if infected.	None
Genital Warts	Painless growths usually around vaginal opening, the anus, or on shaft of penis; may occur several months after contact.	Chemical treatment (podophyllin), liquid nitrogen, laser beam, or surgery.	May contribute to cervical cancer.
Gonorrhea	Men: Burning on urination and discharge from penis; sometimes sore throat or diarrhoea. Women: Often no symptoms until PID* begins. Some people have no symptoms but are still infected and contagious, especially when gonorrhea occurs in the throat or rectum.	Infected persons and their sexual partners must be tested and treated with antibiotics.	In women PID* and fertility problems, Including an increased risk of ectopic (tubal) pregnancy. In men, infection of the prostate or epididymis. In both, infection of the joints, skin, and bloodstream.
Syphilis	Painless ulcer at point of contact, usually penile shaft, around vaginal opening, or anus. Secondary stage may include a rash, and swollen lymph nodes.	Infected persons and their sexual partners must be tested and treated with antibiotics.	If untreated, may affect brain, heart, pregnancies, or even be fatal.
Trichomoniasis (Trich or Tv)	Women: Yellow-white smelly discharge from vagina causing itching and irritation,swelling of vulva Men: Few or no symptoms,or an inflammation of the penis	Course of Antibiotics. Inform the doctor if you are pregnant.	None if detected and treated in time
Hepatitis B	There may be no symptoms initially. The disease occurs in three stages. Stage 1 (1-6 months after infection) – Flu, cough, sore throat – Severe fatigue and appetite loss – Pain in the joints Stage-2 (Jaundice Stage) – Skin and Whites of eyes turn yellow – Darkish brown urine, and light, clay coloured stool. Stage-3 (Recovery Stage) – Yellowishness disappears – Urine and stool also turn normal	Rest and a healthy diet. A vaccine is available.	Long term liver damage. Weight loss and weakness.
HIV AIDS	– 10% of total body weight loss – diarrhoea – fever for over 2 months – cough for more than a month	No treatment available as yet	Immunity breaks down, making the person vulnerable to various infections.

PID is the abbreviation of **Pelvic Inflammatory Disease,** a kind of pelvic infection. It might follow a disease like Gonorrhea or occur after an induced abortion or spontaneous abortion. Usually PID is marked by pain in the lower abdomen or during intercourse and a smelly vaginal discharge. But sometimes the infection is too mild to be noticed. However, chronic PID can damage the Fallopian tubes and make a woman infertile.

How Popular Are You?

What do you believe is the real essence of popularity? Is it simply to be the life and soul of a party? Or would you say that you are more likely to be popular if you are consistently thoughtful and considerate?

What this psychologist-designed quiz does, provided that you answer it as accurately and honestly as you can, is help you work out what kind of popularity you want. And it may also help you find out how far you have gone towards achieving your goal.

1 Last time you had friends over, was it

a. Because you find them entertaining and interesting?

b. Because they like you?

c. Because you thought you had to?

2 When you are on a holiday do you

a. Usually make friends easily?

b. Prefer to spend time alone?

c. Wish to make friends, but find it difficult?

3 You have arranged to meet a friend but are very tired. When you are unable to reach him/her, would you

a. Not turn up, hoping that he/she will understand?

b. Turn up and try to enjoy yourself?

c. Turn up to ask if he/she minds if you go home early?

4 How long do you keep your friends?

a. Years mostly.

b. It varies; with something in common, it can be for years.

c. As a rule; you keep moving on.

5 A friend confides a highly interesting personal problem. Would you

a. Try to resist telling someone else?

b. Not even consider passing it on?

c. Call up someone else to discuss the problem as soon as the first friend has left?

6 When you have a problem, do you

a. Usually feel able to cope by yourself?

b. Turn to friends you can rely on?

c. Turn to your friends only if it is really bad?

7 When your friends have problems, do you find that

a. They come to you for help?

b. Only those close to you come for help?

c. They tend not to bother you for help?

8 Do you usually make friends

a. Through people you already know?

b. From all kinds of encounters?

c. Only after a long time and with some difficulty?

9 Which of these qualities is the most important attribute in a friend?

a. The ability to make you feel happy.

b. Reliability.

c. Interest in you.

10 Which statement most nearly applies to you?

a. I usually make people laugh.

b. I usually make people think.

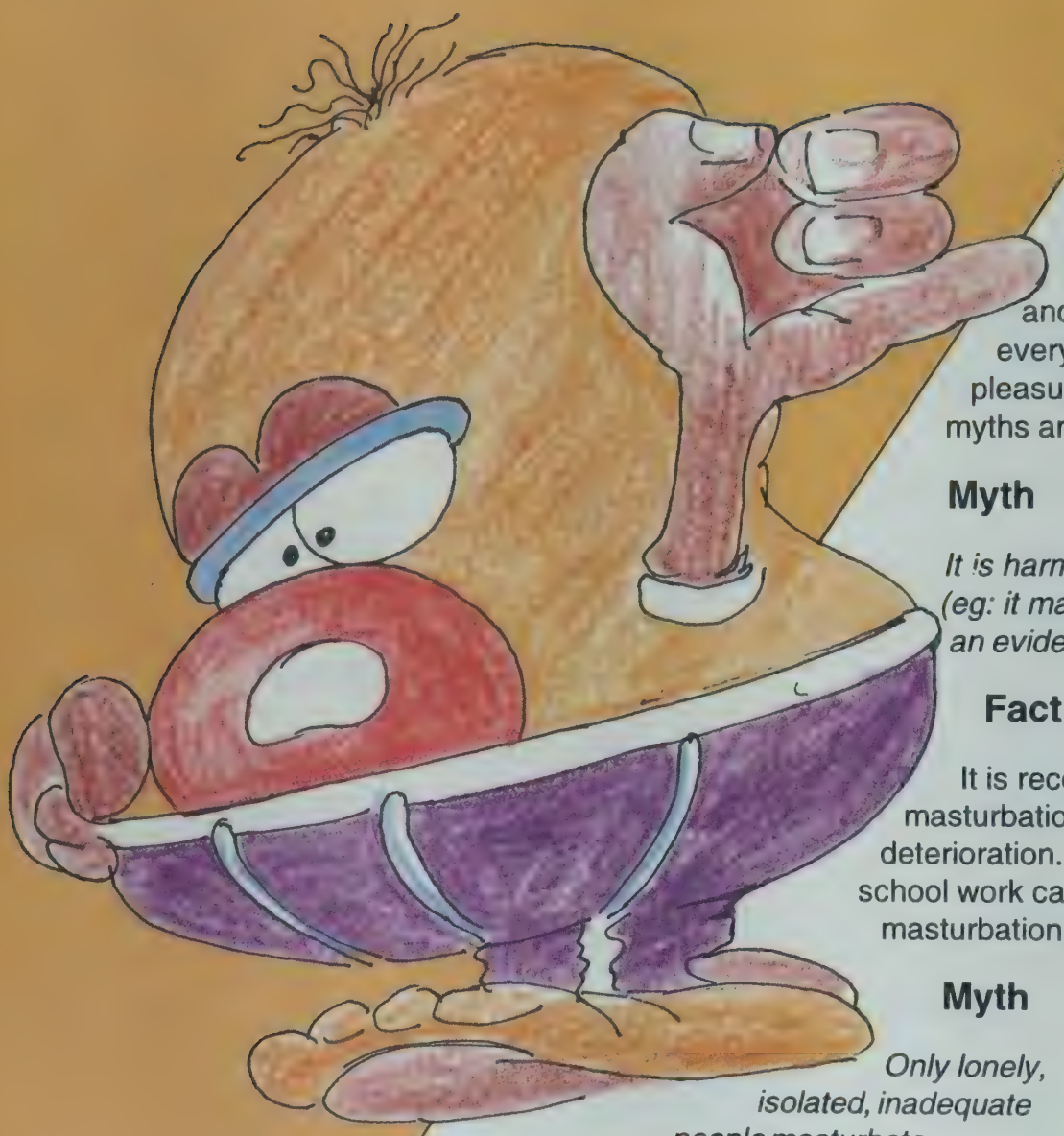
c. People feel comfortable with me.

HOW DO YOU SCORE

1. a3. b2. c1. **2.** a3. b2. c1. **3.** a1. b3. c2. **4.** a3. b2. c1. **5.** a2.. b3. c1.
6. a1. b2.. c3. **7.** a3. b2. c1. **8.** a2. b3. c1. **9.** a3. b2. c1. **10.** a2. b1. c3.

If your score is 22-30, you enjoy having people around you, and get a good deal of fun out of life. You are probably popular, with a wide circle of friends, though you may avoid more intimate relationships. If you scored 16-21, your popularity may fluctuate. It could be that, while you want to be liked, you try too hard and others are not always relaxed in your company. With a scrore of 10-15, you may be a rather solitary person. This does not necessarily mean that you are not popular. Popularity as such may not interest you. If it does, you need to revise your relationships with those outside your usual circle.

Self-Gratification:



Masturbation means stimulation of the genitals and/or the body other than by intercourse - usually with the hand. It is a way of becoming sexually aroused by touching the sensitive parts of the body which may be the genitals or any other part.

Masturbation is a perfectly natural activity and one that is practised by men and women everywhere. Although it is an act of self-pleasuring, it is a subject surrounded by various myths and taboos.

Myth

It is harmful; physically, emotionally and mentally (eg: it makes you blind, mad, causes weakness or is an evidence of a deeply immoral character).

Fact

It is recognised by doctors and experts, that masturbation causes no physical or mental deterioration. Tiredness and inability to concentrate on school work can be caused by conflict or guilt about masturbation, not by the act of masturbation.

Myth

Only lonely, isolated, inadequate people masturbate.

Fact

Masturbation is a part of normal sexual experience of each and every person. It acts as a safety valve by allowing release of excess sexual energy.

Myth

Only men masturbate, but women don't nor need to.

Fact

In women, as in men, the need or urge to masturbate exists.

Masturbation should be understood as an activity that is healthy and natural and not something over which you brood or become pre-occupied with...

he real truth about Masturbation

Men and women vary greatly in their response to masturbation, and generally, women begin to masturbate at a later stage than men.

Myth

Masturbation will cause problems when interpersonal sexual relations begin.

Fact

Past masturbation, in no way interferes or causes problems when two people are involved in interpersonal sexual relationships. In fact past masturbation can help the partners feel comfortable with each other, as they can probably better express what they enjoy physically.

Myth

One drop of semen equals hundred drops of blood.

Fact

Not at all. According to medical findings, semen is something which is produced by the body *(see page 1 and 2)*. An excess of semen finds a natural outlet in nocturnal emission/night fall/wet dreams which by itself is a healthy process.

Myth

Masturbation is a private thing to be done alone, not shared.

Fact

Though masturbation literally means "self stimulation", it may also include stimulation of a partner's genitals - where a couple may or may not experience sexual intercourse.

Positives of Masturbation

Masturbation can be an act of self- exploration and discovery, particularly for adolescent boys and girls, teaching them to recognise and control their sexual responses which will make for better relationships later.

It is a valuable way of being sexually independent by knowing one's own likes and needs.

Masturbation helps improve sexual self-confidence and is an excellent preparation for later sexual relationships.

It also helps release general stress. One way is that it helps relaxation is by relieving sexual, psychological and physiological tension.

> In masturbation, you can be alone but self knowing, self caring and sexual - a nice state in its own right. However, a slight caution is essential - masturbation is something you indulge in when there is a need or urge, not something that has to be done just for the sake of it or because your friends do it and ask you to do so.

(Contd. page 2)

much this is due to prevailing cultural attitudes and how much because of gender difference is not clear.

The External Genitalia: The anatomical name for the area of the external genitalia in the female is the vulva. It is made up of several structures. The labia majora (or the large lips of the vagina) are two large folds of skin which contain sweat glands and hair follicles. In infancy and in old age they are small, and the fat is not present; in the reproductive years, between puberty and the menopause, they are well filled with fatty tissue. They join together in the pad of fat which surmounts the pelvic bone, and which is called the mount of Venus (mons veneris). The mons veneris and the outer surface, of the labia majora are covered with hair, the quantity of which varies from woman to woman.

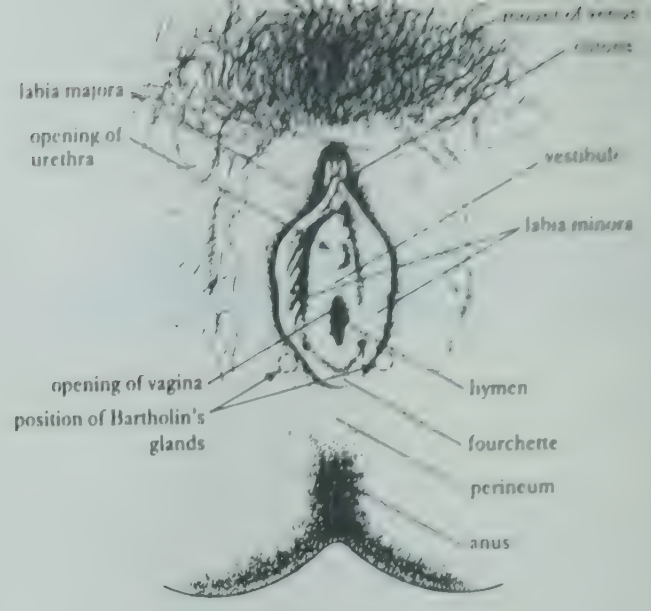
The labia minora (the small lips) are delicate folds of skin which contain little fatty tissue. In front, the labia minora is split into two folds, one of which passes over and the other under the clitoris, and at the back they join to form the fourchette, which may get torn during childbirth.

The clitoris is covered by a hood which protects its sensitive end (glans). The clitoris varies considerably in size, but is usually the size of a green pea. It is made up of tissue which fills with blood during sexual excitement. It is often very sensitive to touch, and if stimulated gently, leads to sexual arousal. In sexual intercourse, the movement of the man's penis in the vagina indirectly stimulates the clitoris and can lead to the woman having an orgasm.

The cleft below the clitoris and between the labia minora is called the vestibule. Just below the clitoris is the external opening of the urinary tract (the urethra) which allows for the passage of urine.

Below the external urethral orifice is the vagina, the opening through which the penis penetrates. During child birth, the baby is delivered through this vaginal opening. The vaginal opening is surrounded by a thin membrane called the hymen. The hymen has several apertures allowing the menstrual blood to flow. Although an 'intact' hymen is considered a sign of virginity, it is not a reliable sign. Deep in the backward part of the vestibule are two pea-sized glands which also secrete fluid during sexual arousal and moisten the entrance to the vagina, to facilitate peretration. They are known as Bartholin's glands. A pyramid-shaped wedge of tissue seperates the vagina and the rectum. It is called perineum.

The Internal Genital Organs: The vagina is a muscular tube which stretches upwards and backwards from the vestibule to reach the uterus. As well as being muscular, it contains a well-developed network of veins which become distended in sexual arousal. The vagina is extremely elastic. From being able to tightly enclose a finger, it can stretch to accommodate a penis and even a baby during child birth, it is about 9 cm in length and at the upper end the cervix(or neck) of the uterus projects into it.



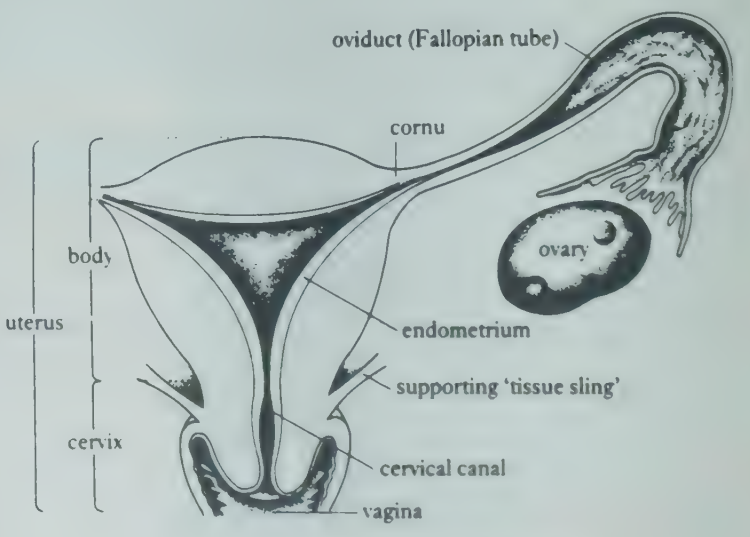
The external genitals in a virgin.

The uterus is a remarkable organ. Before pregnancy it is pear-shaped, averages 9 cm in length, 6 cm in width at its widest point, and weighs 60g . In pregnancy, it enlarges to weigh 1000g, and is able to contain a baby measuring 40 cm in length. The uterus is divided into an upper part, or body, and a lower portion, or cervix uteri. The word cervix means neck, so that the 'cervix uteri' means the neck of the womb. Secretions from the cervix make up the cervical mucus which helps to keep the vagina clean.

The oviducts (or Fallopian tubes) are two small, hollow tubes, one on each side, which stretch for about 10 cm from the upper part of the uterus to lie in contact with the ovary on each side. The outer end of each oviduct is divided into long finger-like process, these sweep up the egg when it is expelled from the ovary. The oviduct is of great importance. It is here that fertilization of the egg takes place, and it is likely that its secretions help nourish the fertilized egg as it is moves down towards the uterus.

The two ovaries are almond-shaped organs, averaging, 3.5 cm in length and 2 cm in breadth. Ovaries are also a hormone factory producing oestrogen and progestirone, two very important female sexual hormones.

Looking at the two sexual anatomies, one can appreciate the sheer complexity of the human body. One can only wonder at the evolutionary creative process which makes man and woman "Complementary Sexes".



The cavity of the uterus, and tubes.

Orgasm:

Achievement and Experience

Nature has bestowed living beings with the instinctive rge to copulate for procreating and ensuring the urvival of the species. However, only human beings re endowed with the ability to copulate, independent of ny fixed cycle or season of the year. Moreover, it is felt hat it is only the humans who have the ability to reach peak of physical pleasure during copulation, which is unique experience of sensation. This peak of sexual leasure is known as Orgasm.

More commonly know as "The Climax" or "Coming", rgasm occurs at the peak of sexual arousal where the ody suddenly discharges or releases the accumulated exual tension. Biologically, orgasm is the shortest hase of the sexual response cycle, lasting only for a ew seconds, during which rhythmic muscular ontractions produce intense physical sensation followed y rapid relaxation. Psychologically, orgasm is a time f great pleasure and suspended thought when the mind urns inwards to enjoy the personal experience.

People describe their orgasms in different ways anging from"strong ecstatic sensations" to "thousand tars bursting" or "the Earth and Heaven shook" and bells tolling" to milder and less dramatic statements ike "feeling suspended in the air" and "a warm flushed eeling". These differences are absolutely subjective and depend on a number of factors like fatigue, time since the last orgasm, mood, relationship with the partner, activity, feelings, etc. Orgasm in the female is marked by simultaneous rhythmic contractions of the uterus, the outer third of the vagina and the anal sphincter muscles. According to Masters and Johnson, the first few contractions occur in quick success and are intense. These continue to diminish in force and duration. A mild orgasm may have 3-5 contractions while an intense one can have upto 10-15. A lot of women describe this as a pelvic throbbing.

Earlier it was thought that women either did not achieve orgasm or did so only very rarely. Also, distinction was made between "clitoral" and "vaginal" orgasms. However, the fact is that each and every women is capable of experiencing this peak of pleasure. It is usually centered around and on the clitoris, which is extremely sensitive to sexual stimulation. A woman may not achieve orgasm if clitoral area is not stimulated enough or it may have psychological causes.

In men, orgasm occurs in 2 stages. First, the vas deferens (the two tubes that carry sperms), the prostate and seminal vasicles begin a series of contractions leading the man to experience a sensation of reaching a point where ejaculation is inevitable. In the second stage of the male orgasm, these contractions cause the ejaculation or the spurting of the semen out of the tip of the penis. Men describe the orgasm variously as "a sensation of deep warmth", "pressure", "throbbing" or "pumping". It is also important to realize that even though they are often simultaneous, orgasm and ejaculation are not necessarily the same. In fact, men who have the problem of premature ejaculation, often ejaculate semen, without reaching the orgasmic pleasure level. The critical factor is that orgasm is a whole body response and not just a pelvic event. The total human body, the brain and the emotions as well, are involved in this climactic peak, even though the level of involvement may differ at different times. Each person has his or her own unique response. This not only differs from person to person, but differs every time within the same person as well.

Whatever the experience may be, orgasm is certainly the culminating point of the whole pleasure of making love and each person deserves to achieve and experience this unique gift of Nature.

AIDS: The

The need of the hour is to become fluent in the language of AIDS. Why? Because unless we are familiar with the *what, where, when* and *how* of AIDS, chances are that we will end up being yet another statistic in the mammoth toll AIDS will take on human life. Because as of now, AIDS is one of the fastest spreading disease. And, IT IS INCURABLE.

What is AIDS and HIV?

The full form of AIDS is Acquired Immuno Deficiency Syndrome. AIDS is not a single disease by itself, rather a collection of infections. When the AIDS virus or HIV (Human Immunodeficieny Virus) as it is called, enters the human body, it begins to attack the body's natural defence system–the immune system. The immune system produces specific antibodies in our body, each of which fights and defeats specific invading infections like cold, influenza, malaria, etc. When the AIDS virus enters the body, the immune system again produces suitable antibodies to fight it. The AIDS virus is extremely difficult to detect but the antibodies which the human body produces to fight the AIDS virus can be detected. When a person is found to contain these antibodies he or she is called HIV positive. It simply means that since AIDS antibodies are present in that person; it follows that the AIDS virus is also present against which the antibodies are fighting.

This is stage 1 of AIDS. At this stage, even though a person may

Where did AIDS come from? A few myths...

Where did AIDS come from?

experts say...

AIDS was caused by radiation from French nuclear testing in the Sahara Desert! [2]

AIDS CAME FROM GREEN MONKEYS°

Humans caught the virus — by eating raw monkey brains!

HIV was created by Soviet scientists...

...while testing new biological weapons! °

AIDS IS A C.I.A. PLOT°

U.S. soldiers were the first to get HIV... ...from sex with monkeys in Vietnam! °

AIDS STARTED IN AFRICA

... brought in by white TOURISTS! °

[1] Cited as a myth by *The Guardian*, November 1993. [2] Attributed to American scientist Ernest Stirnglass in De Thé, *Sur la piste du cancer*, Flammarion, Paris, 1984. [3] Cited as a myth by *The Guardian*, November 1993. [4] Cited as a myth alleged by Soviet newspapers by Langone in *AIDS: The Facts*, Little, Brown & Company, 1991. Also cited as a myth in *New Internationalist*, December 1993. [5] Alleged by *Islam*, a Turkish magazine, August 1987. This rumor soon became widespread in the Middle East. Cited as a myth by Renée Sabatier in *Blaming Others*, Panos Institute, 1988. [6] Rumor from the streets of Kampala, Uganda. Cited by local COLORS reporter. [7] Cited as a myth by Langone in *AIDS: The Facts*, Little, Brown & Company, 1991.

GAY SEX DRUG CAUSED AIDS!°

New Language

look and feel completely healthy, he or she, can still infect other people. Over time the AIDS virus defeats the antibodies and eventually destroys the human immune system. This time period between being HIV positive and having AIDS can differ in people. It may take anytime from 5 years to 10 years for an HIV positive person to develop AIDS. Once the human immune system is destroyed, the body falls prey to any infection– from diarrhoea to pneumonia to cancer. Eventually, any one of these diseases proves fatal to the person. So strictly speaking, a person does not die from AIDS, but from one of the deadly infections which assail the person with AIDS.

HOW AIDS IS TRANSMITTED?

There is no one who is safe from AIDS. It can happen to anybody. And there is no cure for it. Yet. However, till a cure is discovered there is only one way to save ourselves from AIDS. ***Through knowledge and prevention.***

The AIDS virus is very fragile and needs specific environs to grow. It survives and flourishes only inside the human body.

There is actually only one way that the AIDS virus gets transmitted from one person to another **The infection gets transmitted through the exchange of body fluids.**

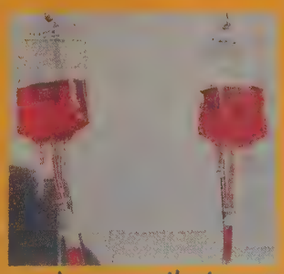
There are 3 ways that body fluids can be exchanged.

A) THROUGH UNPROTECTED SEX

Sex without a condom with an infected person is a high risk

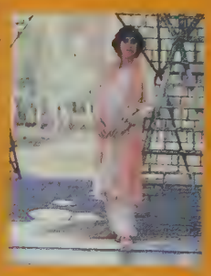
activity. Exchange of semen and vaginal fluids, or exchange of blood or semen during oral or anal sex through small sores and cuts in the mouth or the rectum can also transmit AIDS infection.

B)THROUGH CONTAMINATED BLOOD / BLOOD PRODUCTS



A person may be inardvertently given a transfusion of HIV infected blood/blood products. So make sure that every bit of blood that is used has been screened for AIDS virus and is declared HIV negative.

C) THROUGH SHARING INFECTED NEEDLES AND SYRINGES



Very often, syringes and needles used on one person are used on another person without proper sterilisation. If the user is infected with HIV, then minute bits of blood containing the virus can be transmitted to the next user. So either sterilize the syringe with bleach solution or boil it well in water. The best thing is to use only disposible syringes and needles.

There is yet another way in which AIDS virus can be transmitted. Through an infected mother to her unborn child or during breast feeding. However, this area is still hazy and research is still being conducted.

AND HOW IT DOESN'T

AIDS virus can only be transmitted through an exchange of body fluids with an infected person. Body fluids like semen, vaginal secretions, blood, sweat, breast milk saliva and tears have been found to contain the HIV. However, saliva, sweat, breast milk and tears contain only negligible concentrations of HIV and are therefore not dangerous. The greatest amount of infections occur through exchange of semen, vaginal secretions and blood. So remember, you can't get HIV by:

- **kissing (HIV in saliva is negligible)**
- **hugging and touching**
- **sharing utensils**
- **from a toilet seat**
- **sharing clothes**
- **shaking hands**
- **through a mosquito bite. (HIV cannot survive outside the human body)**
- **sharing food or water**
- **in a swimming pool, etc.**

AIDS IN INDIA

When the first incidences of HIV–AIDS were reported in India, way back in the mid-eighties, the sheer panic with which people reacted was unexpected and unprecedented. Any one with even the suspicion of HIV was either immediately isolated or more often, became a complete pariah, outcast by an ignorant population. The matter becomes clearer on reading the judgement made by the Bombay High Court, in 1989, when it rejected a petition by 2 mothers for the release of their HIV positive sons, detained in Goa under Public Health Law. The court noted–"...isolation results in social ostracism and encroaches on the individual's liberty...but isolation is necessary because of fear of AIDS amongst the public."

It is hard to imagine the agony and the suffering of these scores of HIV positive individuals and their families who were turned away by both the public authorities and the medical community. However, in all fairness, one is compelled to refrain from putting the blame on anyone – because this sort of panic reaction is only to be expected when misinformation and ignorance about a sensitive issue are rife.

Even though the initial reaction provided a severe setback to AIDS prevention and education, it did not do so for too long. In 1992, the Government of India set up an apex body to monitor the HIV-AIDS scenario in India. This body is the National AIDS Control Organisation. One of the first steps taken by NACO was to draw up a strategic plan which has the following components-

- Programme Management.
- Surveillance and Reseach.
- Information, Education, Communication and Social Mobilization for Prevention of HIV transmission.
- Sexually Transmitted Diseases control.
- Condom Programming.
- Blood safety.

The strategy is correct and even timely. But we have a long way to go yet.

The first HIV case in India was detected in 1986 and the first AIDS case in 1987. According to the figures released by NACO on 30th September 1996

The number of people screened: 28,87,136

The number of HIV positive people: 46,504

The number of AIDS cases: 2,955.

According to experts, the above figures do not give the true picture, since they are derived from the number of people who visit the surviellance centres and take the AIDS antibody test. For every person tested, there are several who remain untested.

The World Health Organisation (WHO) projects about 5 million HIV positive people and 1 million AIDS patients in India by the end of this century. The worst aspect of this grim scenario is that the people who are being affected and will be affected will mostly be in the age group of 15-45 years. Which means the most viable economic and social section of our society will be rendered ineffective and inactive for all intents and purposes.

Most Indians are still under the misleading concept of high risk groups and low risk groups. What is imperative is to comprehend that there is no such thing as far as AIDS is concerned. Any one who is sexually active and does not use Safer Sex options is at risk. Anybody who even mistakenly receives contaminated blood or blood products is at risk. This in effect, means each and every one of us, whether gay, lesbian, bisexual or straight, a commercial sex worker or a corporate executive, old, young or a child, man, woman or a eunuch, belonging to the East, West, North, South or Central India, god fearing or an atheist, ill or healthy, can contract HIV. Because AIDS is real. AIDS is here. And AIDS is incurable.

A concerted, unified response at local, national and international level is required to avert this major threat to humanity.

THINGS TO REMEMBER ABOUT

AIDS

AIDS= Acquired Immune Deficiency Syndrome.
Any one can get it. Nobody is safe.

AIDS virus spreads only through an **exchange of body fluids** like semen, vaginal secretions and blood.

AIDS attacks the body's immune system so that, over a period of time, the body loses its ability to fight infection.

Eventually the person succumbs to an infection and dies.

AIDS is **incurable.**

But you can **prevent** AIDS by knowing more.

15973
D15-22

Use **Safer Sex techniques** so that fluids are not exchanged.

Health Library and Information
CPHE - SOCHARA
Bangalore
(CLIC)

Always, *always,* **always use a condom,** *correctly* and *consistently.*

What is Safer SEX

Today, wherever we turn, the term "Safer Sex" hits the eye. Posters, hoardings, radio, television, newspapers, everybody seems to have developed an interest in Safer Sex.

What exactly is Safer Sex? Well, to be honest, it is not really a new phenomenon. Strictly defined, it means any kind of sexual behaviour or act which does not result in pregnancy. However, with the spectre of AIDS hanging over us like the Sword of Damocles, Safer Sex has acquired a vitally important new dimension. Now **Safer Sex has come to mean, any sexual behaviour or act which not only prevents pregnancy, but also protects against the transmission of STD infections, including HIV-AIDS.** Statistical projections by WHO (World Health Organisation) show that *by the turn of this century there will be 5 million HIV positive people and 1 million people with AIDS in India alone!* Considering the fact that India is also going be the most populated country in the world, the disastrous scenario does not need imagination to be visualized. This is the reason for Safer Sex being advocated so strongly by everyone.

Options within Safer SEX

Adopting Safer Sex options is a mutual decision between couples. By making a joint decision about Safer Sex, the partners not only avoid unwanted pregnancies and sexually transmitted diseases, but also protect themselves against sexual exploitation, abuse, assault, guilt, conflict and heart-ache. So communicating with each other is vitally necessary before choosing a Safer Sex option.

The options within Safer Sex are simple:

1. Abstain

Stay away from sexual activities. Nothing can be safer than this. However, this is obviously not a permanent solution. An easier option in this is **abstaining from all penetrative sexual activity.** Penetrative sex means any sexual act where the penis penetrates the vagina, anus or mouth. So here any act which is non-penetrative, such as hugging, kissing, mutual masturbation, etc. can be safely indulged in.

2. Be faithful

Try to have a steady, long term, monogamous sexual relationship where you can be sure that neither you nor your partner are having sex with other people whose sexual histories are unknown to you.

3. Condoms

Always, but always use a condom. Whether it is a one time sex act or a longterm relationship, **DO NOT HAVE SEX WITHOUT A CONDOM.** Make sure that you use the condom correctly and consistently.

So remember the ABC of safer sex and live a healthy life.

A = Abstain completely or have only non-penetrative sex.
B = Be faithful to your partner.
C = Correct use of Condom everytime.

Seven Myths About Sex

Despite all that has been written and said about sex, misinformation or ignorance on the subject can cause major problems between couples. Here we have selected 7 of the most widespread myths about sex. Don't let these ruin your relationship.

1. Myth:

Women are less interested in sex than men are.

Truth: Traditionally boys and girls have been taught to conform to certain gender roles - girls should be demure and passive, boys should be aggressive. Even though our society is changing its views about the traditional role of women, in the context of sex, women continue to be typecast as passive. But the fact is that given good health, and enough time and energy, women can equal or even exceed men in their desire for sex.

2. Myth:

Men hit their sexual peak at 18 and then go downhill from there.

Truth: Testosterone, the male hormone that influences sexual excitement is usually at peak production around 18. However, a man's sexuality does not depend on physiology alone. How he feels about himself, his partner and sex in general influences how his body responds to sexual stimulation. A healthy older man, who understands his sexuality and has an interested partner has a greater capacity for intimate sexual expression than an 18 year old who tends to focus only on the physical act.

3. Myth:

The harder you focus on your sexual performance, the better it will be.

Truth: Analysing your performance can be detrimental to sexual enjoyment. If you are preoccupied about how you should be moving, where you should be touching, what your partner is experiencing, you won't be able to feel much yourself. It is important that you let things happen and forget about analysing your performance.

4. Myth:

Sex gets boring with the same partner year after year.

Truth: Experts like Masters & Johnson believe that there can be good and enduring sex with a lifelong partner. Both partners should try to be more creative and playful in their lovemaking just the way people around the world experiment with food and fashion to make life more interesting. Add pep in your sex life by mutually agreeble ways and means.

5. Myth:

Independent, aggressive women make men impotent.

Truth: For the most part, women do not cause impotency in a man. About 10% of all impotency cases are due to hormonal disorders, genital or central nervous system defects. The rest of the 90% incidence is because of psychological problems like insecurity, alcoholism, fear of being discovered, dislike of the partner and even fatigue. In fact, from the man's point of view, the most stimulating partner is the one who is involved in the sexual act.

6. Myth:

Sex should always be a passionate, emotional and physical communion between two people.

Truth: Experts say that making emotional communion a studied objective of sex can almost guarantee that it will not happen. This happens only in fiction. In real life, sex can be both mild or wild, a mind blowing experience or a warm intimacy. Instead of having unreal preconceptions about sex, one should accept it, as it is.

7. Myth:

Sex should always be spontaneous.

Truth: Many couples discover that today's busy life-style allows little time for lovemaking. Experts point out that if you always insist on being spontaneous, chances are that your sex life will dwindle to nothing.

In reality, even though planning or calculating for sex may seem too contrived, the couple should plan time to be together. The good times will automatically happen.

CONDOMS:

The Best Prevention

Mechanical barriers covering the penis have been used for centuries for avoiding pregnancy and infection. A sheath worn over the penis can be traced as far back as 1350 BC, when Egyptian men wore decorative covers for their penises. In 1600 AD, Italians were using linen sheath. Sheaths made of animal intestines soon followed. But it was only in the 18th century that they were given the name **CONDOMS.**

Today, condoms made of latex rubber are in widespread use. It is only these which have proven to be the most effective barrier against pregnancy and transmission of STD infections, including HIV-AIDS. Currently there are various types of latex condoms.

a) Super thin, Dotted, Ribbed or Floral Condoms

These are lubricated and super thin condoms, with structural surface design to provide extra stimulation and prevent the penis from slipping.

b) Extra Large Condoms

These are 25% larger than usual sized condoms. However, they don't slip off even if the man is not bigger than normal.

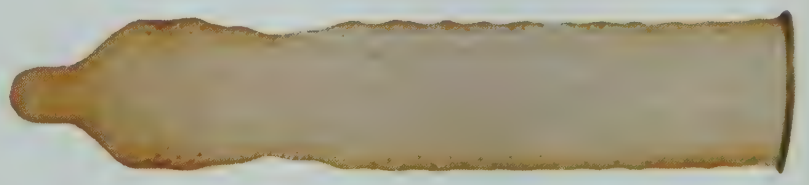
c) Scrotal Condoms

These condoms are designed to not only cover the penis but to also protect the scrotal sac of the man for extra safety.

d) Black Condoms

Some ordinary condoms make black men's penises look beige or pink. Black condoms solve this problem.

Ribbed and dotted condom



e) Anal Condoms

Used particularly for anal penetrative sex, these condoms are made of thicker and tougher latex.

f) Scented and Flavoured Condoms

Scented or flavoured with appetizing tastes and smells, they are an interesting variety option.

g) Spermicidal Condoms

To improve protection against unwanted pregnancies, HIV-AIDS and other STDs, experts recommend the use of condoms coated with spermicides. Spermicides like Nonoxynol-9 or Menfagol render HIV and sperms inactive.

The Female Condom

A very recent development, these condoms enable women to prevent unwanted pregnancies and infections. Inside the sheath, there is a soft ring that anchors the

Scrotal Condom

ondom to the pubic bone. These condoms are made of a material called olyurethane (plastic).

OW TO CHOOSE A CONDOM ?

Buy only lubricated, electronically tested condoms made of latex rubber. The acket should specifically mention this. Since they are tested for leakage and reakage and facilitate penetration, they are the best. Also only, latex rubber rovides protection against transmission of infections, including HIV.

Always check for the expiry date printed on the packet. The condom must e used before this date or it will prove to be ineffective.

Place the condom in a cool, dry place, or it can damage the rubber. Don't eep the condom in your wallet or in your car glove compartment. If at all you ave to, replace it with a fresh condom atleast once a week.

Never use a sharp instrument while opening the packet. Blades, knife, cissors or sharp nails can damage the rubber.

OW TO WEAR A CONDOM CORRECTLY ?

A lot of accidental onceptions and STD nfections happen ecause condoms are not sed correctly. Follow nese simple guidelines o ensure correct condom se:

The Female Condom

. When opening the package, push the condom away from the edge you intend to tear. Don't use sharp instruments or your teeth.

. Press the air out of the tip of the condom. If it has no receptacle tip, pinch the first few centimeters of the condom to make room for semen.

. As soon as the penis is erect and before it touches the vagina or the vulva, place the condom on the head of the erect penis and unroll it down the entire shaft of the penis.

. When you've ejaculated and before you lose the erection, clench the base of the condom as you withdraw to keep semen from spilling out. Tie the condom in a knot and put it in the trash. Do not re-use it. **A condm is used only once.** Use a fresh condom every time you have intercourse.

. Make sure the condoms you buy are labelled for disease prevention. Use only water based lubricants like K-Y Jelly. Oil-based lubricants can damage latex.

OW ARE THEY MADE ?

Phallus-shaped glass cylinders are dipped in processed rubber. Then the condoms are powdered or lubricated, dried, inspected thoroughly and rolled. Generally, 996 out of 1,000 condoms must pass a leak test (they use water), or the entire batch is rejected. An electronic current is passed through condoms to check for holes and thin spots, and randomly selected samples are stretched to 1.5 meters or inflated with 40 liters of air. Testing condoms and destroying faulty ones accounts for about a third of manufacturing costs. But condoms are not foolproof. They are just the best things available if you want to have Safer Sex. You must use only the right kinds and you must use them properly.

WHAT THEY CALL THEM AND WHERE

Australia
love glove
Brazil
little shirt
China (Cantonese)
contraceptive basket
China (Mandarin)
security cover
Denmark
rubber man
France
English raincoat
Germany
naughty bag
Greece
overcoat
Holland
small rubber
Hong Kong
bulletproof vest
Hungary
safety tool
India
Nirodh (it means 'resistance')
Indonesia
penis gourd
Ireland
johnny
Italy
glove
Japan
bag
Lebanon
coat
Nigeria
penis-hat
Panama
hat
Philippines
little bag
Portugal
Venus' shirt
Senegal
bush hat
South Africa
French letter
Spain
balloon
Uganda
paper bag
UK
French letter
USA
jimmy hat
Venezuela
little cap

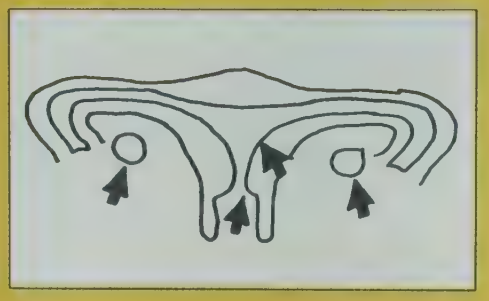
CONTRACEPTION
(How not to make babies)

As the fear of unwanted pregnancy can mar even the best relationships, couples should share responsibility for contraception. And if a couple chooses a method which is reliable and mutually acceptable, they will be motivated to practise the method conscientiously.

There is no ideal or perfect contraceptive method, although effective ones exist. Advice about contraception is available from health clinics and doctors. Remember a good reliable contraceptive will help you to enjoy a relaxed sex life and protect you against unintended pregnancy. What's more, barrier methods and chemical contraceptives have some protective effect against Sexually Transmitted Diseases.

THE ORAL CONTRACEPTIVE PILL

Commonly called the pill, this contains the female hormones oestrogen and progesterone in varying combinations. The pill acts by preventing ovulation, changing cervical mucus quality and altering the lining of the womb, thereby not allowing conception to take place.

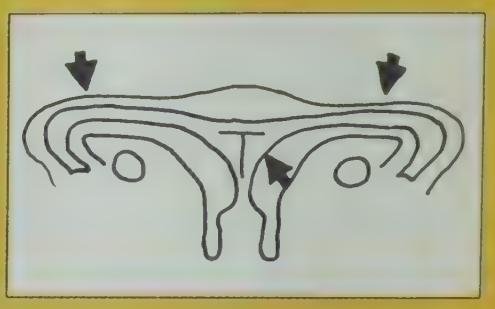


Side effects of the pill vary and different preparations may suit different women. Although concerns about health hazards of the pill still exist, major life threatening side-effects are rare. Most side effects duplicate the symptoms of early pregnancy like nausea, giddiness, depression, etc. However, as the body adjusts to the changes, the side effects usually disappear.

The pill affords protection against ovarian and uterine womb cancer. It also gives relief to women who suffer from menstrual pain and heavy periods. With a failure rate of below 1%, the pill is reliable and convenient, and allows for spontaneous lovemaking without fear of pregnancy.

A doctor should be seen for a general medical evaluation prior to taking the pill and at regular intervals thereafter. In general, the pill is not recommended for women who smoke, those with raised blood pressure and for those over 35 years.

INTRA-UTERINE DEVICES (IUD)



The intra-uterine device is a small piece of plastic, incorporated with copper or silver and with nylon threads at the tail end, which is inserted into the uterus by a doctor or a trained nurse. The device has to be changed every 2-5 years, and has a failure rate of only about 5%.

The intra-uterine device alters the uterine environment and thus prevents the fertilized egg from being implanted in the womb.

The intra-uterine device may affect the menstrual periods making them painful and longer and heavier. Infection of the womb and subsequent infection of the Fallopian tubes are occasionally possible. Because of this, the intra-uterine device is not recommended for women who have no children.

The benefit of the intra-uterine device is that once fitted, nothing else needs to be done except to check the vagina now and then, to ascertain that the thread is still attached to the device, and thus check whether the device is in place.

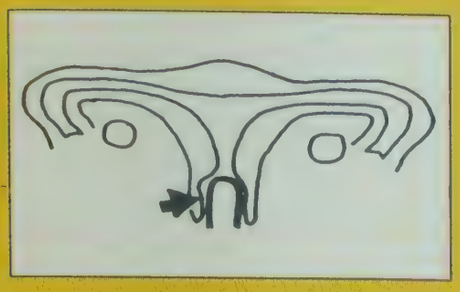
BARRIER METHODS

The barrier methods, used by both sexes, work by preventing the sperms from coming into contact with the ovum.

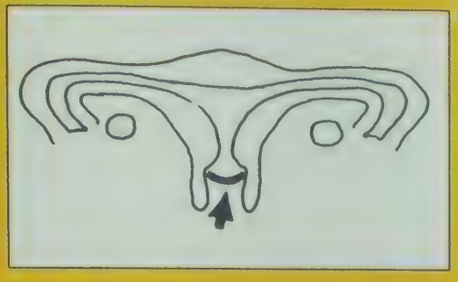
The devices are made of rubber, and using them together with spermicides, increases their efficacy.

For males, only the well known condom is available.

These devices have to be inserted before sex or in the case of the male, the condom has to be put on before any genital contact is made. At the end of the intercourse, the condom is removed by holding on securely to the base of the penis.



Condoms have to be stored carefully, away from light and heat, and are meant for use only once. The latex rubber condom provides protection against STDs, including HIV-AIDS. Failure to protect against pregnancy or infection is often because of improper use.



Besides allergy to rubber and spermicides, there are no known side effects related to the use of the condom. Some couples complain about loss of spontaneity and of sensations. Condoms of various colours, scents, textures and configurations, are now available to choose from.

For women, there is the diaphragm, cervical cap and the contraceptive sponge, these devices are often used with spermicides, and have to be removed six to eight hours after the sexual act. By that time, the sperms should all have been killed by the spermicides.

SPERMICIDES

Spermicides contain chemicals which inactivate the sperms. They are available as creams, jellies, foams, pessaries. They are inserted into the vagina prior to intercourse, and are more effective if used together with a barrier method, i.e.condoms, diaphragms or caps.

COITUS INTERRUPTUS (WITHDRAWAL)

This is the most widely practised method and requires withdrawing of penis before ejaculation. The effectiveness depends on the man's ability to come out of the vagina before he feels the urge to ejaculate. Though this method is commonly used in Eastern European countries, a failure rate of 30% has been reported.

NATURAL METHODS

Couples practising natural methods learn to predict and recognize the time of the month when conception is likely to occur and to avoid intercourse. This means the couple have to abstain for long periods of time and have sex only during the "safe days".

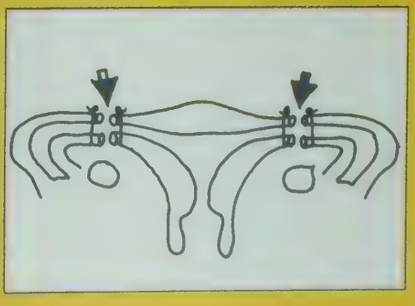
Various means are used to pinpoint the time of ovulation such as monitoring the body temperature, analyzing the cervical mucus or charting the woman's menstrual cycle to recognise the time of the month when conception can take place.

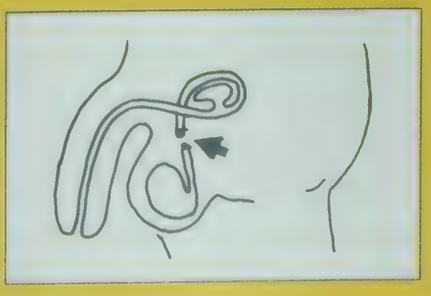
The sperm can live for up to five days and the ova for two days. This means there should be no sex at least for five days before ovulation and several days after. Its failure rate is about 20%.

STERILIZATION

Male and female sterilization can be performed on couples who do not want any more children.

For males, a vasectomy is performed. This is done through the scrotum where the two vas deferens are cut and their ends tied. It does not affect a man's sexual ability as is popularly believed. Nor does the semen discharge changes in any way. The only difference is that after sterilization, the semen is devoid of sperms. Without sperms, the ova cannot be fertilized and pregnancy cannot occur. For women, sterlization involves the tying and cutting off of a portion of both Fallopian tubes. These procedures are permanent methods of birth control.





Got the Moody Blues?

How to Feel in the Pink...

Moods, moods, moods. How much of our life is governed by moods?

From aborted dinner dates to spoilt morning breakfasts to abandoned intimacy, bad moods can influence almost every aspect of our daily lives. Particularly sex. There is nothing worse than one partner wanting warmth and loving and the other not being in the mood for it. Feelings of rejection and being spurned are common between couples. Sometimes, if they continue to fester, they often become a stumbling block in the path of harmonious co-existence.

For decades, psychologists and psychotherapists have been looking for the *"why"* of moods. **The connection between feeling bad and therefore behaving badly is obvious.** What the clinicians have been searching for is a way to overcome this repetitive pattern. You feel hurt when some one says something nasty. It may not be possible to confront the person immediately. By the time evening arrives and you are with your loved ones, you may have even forgotten the incident. Nevertheless you find yourself irritable and snappy. Or depressed and apprehensive. What has actually happened is that the hurt feelings have been stored away in your subconscious. In an environment where you don't feel restricted such as home, they emerge and provide you the stimuli to behave badly. This is usually passed off as a bad mood.

For decades the researchers believed that behaviour cannot be changed until the feelings behind it also change. First you discover *why* you feel the way you do, *what* incident has caused these feelings. Then you work towards altering those feelings. And finally the altered feelings produce behavioural changes. This type of therapy is often essential in treating serious psychological problems. But for people with everyday emotional problems, **the connection between behaviour and feelings can work the other way around. By behaving in certain ways we can change how we feel.**

Eminent psychologists in the University of California, School of Medicine have come up with a simple system which can make you feel good when you are feeling bad. By virtually no effort, you can incorporate this principle in your life. Not only will you end up a happier person but the people around you will be more cheerful. Here's how:

Smile to Cheer Yourself Up: But don't be half-hearted about it, the psychologists warn. A false smile - the one that is too sudden, too brief, uses the mouth but not the eyes - doesn't convey or create happy feelings. So make a real effort. Start with a gentle smile. Slowly let it grow into a glowing grin. Next, laugh. If you can't think of something funny, pretend. This doesn't mean that you should laugh off real troubles. This technique should be used only if you simply need to feel chirpy.

Playact and Pretend: The most convincing evidence for this are children. You'll see them happily engrossed in their own make - believe world. The key here is not to let it become an escapism into day dreaming. Try reading aloud instead. Read with expression. Read the dialogues of different characters. Preferably something other than sad and sorrowful ones. Give it all expression you can. Often even people who scoff at the idea of theatre, benefit from this technique.

Relax to reduce Tension and Anxiety - A typical relaxation technique is to tense the muscles of the hand - then gently let go. Then the muscles of the arm, and let go. The same with the muscles in the face, the neck, the back, the shoulders and so on... all the way down to your toes. Your body will automatically become more stress free with this simple exercise.

Another thing you could do is to picture yourself in a relaxing place. A beach, a shady park, your bedroom, any place you like to be in. Such techniques have proven to bring down blood pressure and a marked reduction in heart beat and breathing rate.

Look your Best to Feel your Best: After a tiring day, if one comes back to someone who hasn't even bothered to run a comb through the hair, it can be quite a damper. You'll observe that the day you look good, you get noticed more , get better treatment and you'll end up feeling good. Looking your best does not necessarily mean that you dress up to the nines in order to attract attention. It means your walk, your posture, your inner confidence, your sheer comfort with yourself. Naturally this wordless stimulus to people will show in their reactions toward you, leading you to feel still better, leading you to behave better, leading people to respond even better and so on...

You can rehearse for the look you want to project. Do it before a mirror, or better still, with your spouse or partner.

Project Confidence and Calm Even When You Don't

It. Many a crisis can be overcome this way. A simple can illustrate this. Incidentally it's a true one. Some s ago, a group of people were in a cable car going from a to Timber Trail. About midway, the lift got jammed, ng them stranded, hanging on a cable thousands of above the ground. However, much to their relief and hey were sighted by an army helicopter flying past. A ladder was lowered and one by one the group was d to climb up. But out of the group of ten, only five d be accommodated by the 'Chopper'. Immediately full e panic set in. Nobody wanted to spend the night ging by a thread. Just when things were about to take rious turn, a man's cool voice was heard. It was the co- of the, copter who had come down so that one more nded passenger could take his place. To prove the ty of spending the night in the lift, he calmly announced he would stay back with the rest of the stranded group elp arrived in the morning. Sure enough, his confidence calm had its effect and the night passed peacefully till rescue happened the next morning. A lady who was one of the last to go, turned around, and shaking the officer by the hand, said that she had never met a braver man. But for his coolness in the crisis, she would have succumbed to hysteria. The officer's reaction after the hullaballoo died down and he was alone with his brother officers - " I was scared shitless." he said. *Then he fainted.*

Not that most of us get into such life and death situations. But a lesson can be learned here. His pretence of coolness and confidence not only kept the others level headed but also kept at bay his own panic. This technique can even change full blown crises to just another challenging adventure.

Using our bodies, actions and expressions to change the way we feel can be a useful tool in getting us through life's difficult times. People who remember this and *act upon it,* can only be richer and happier for the experience.

The Amazing Human Body Machine

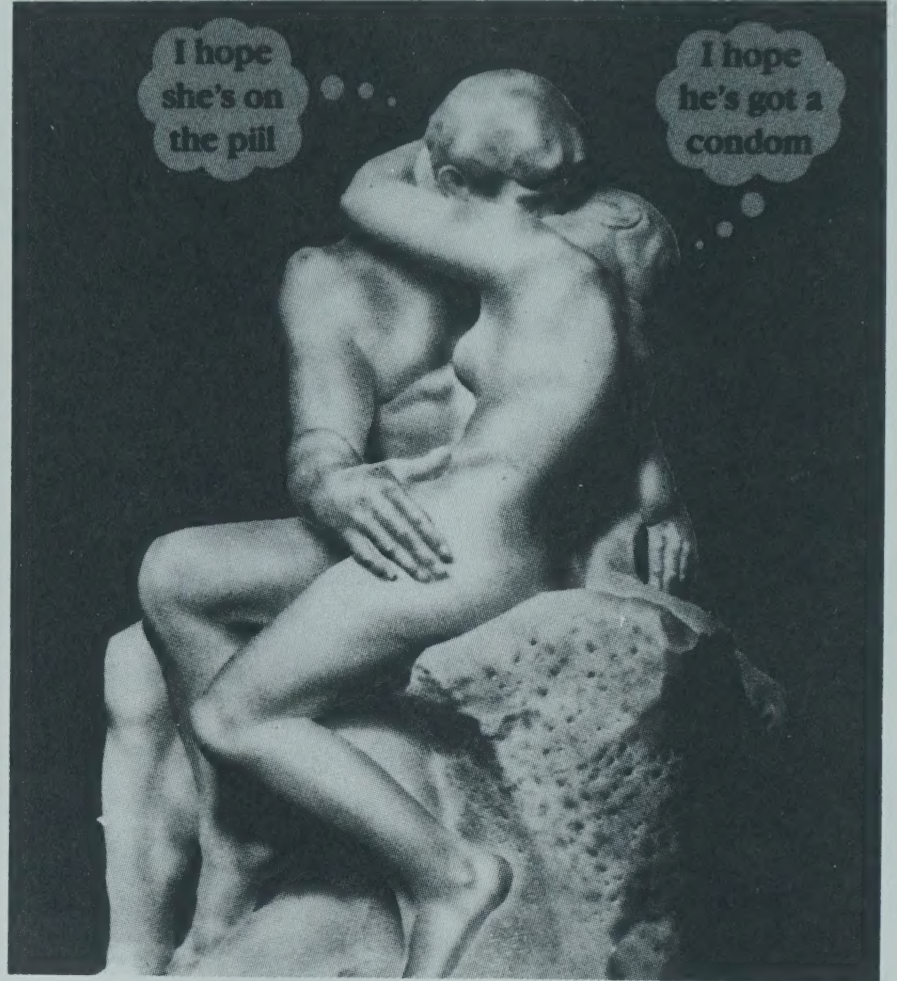
- **Both sides of your face are never alike. The ears are not level, one eye is stronger than the other and the right ear is usually higher than the left.**
- **It takes seventeen muscles to smile and forty-three muscles to frown.**
- **A normal sized man weighs about forty times as much as his brain.**
- **It is impossible to sneeze and keep your eyes open at the same time.**
- **The muscles of the human jaw can exert a force of over 219 kgs.**
- **The nail on our middle finger grows fastest. The nail on the thumb grows slowest.**
- **The chances of a mother giving birth to quadruplets are about 1 in 600,000.**
- **It is estimated that there are 200 million left-handed people in the world.**
- **There are 3,000 sweat glands to every square inch of skin in the palms.**
- **We blink about twenty-five times each minute.**
- **If all the blood vessels in the human body were laid end to end they would stretch 100,000 miles.**
- **The wrinkled grey covering of the brain is made up of 9,000,000,000 cells.**
- **The human body contains enough phosphorus to make the heads of 2000 matches, enough fat for seven bars of soap and enough iron to make one nail.**
- **Babies can breathe and swallow at the same time. Adults cannot.**
- **There is more copper in the brain and liver of a baby than in those of an adult.**
- **Ten times as many men as women are colour blind.**
- **There are over 10 million people on Earth who share your birthday.**
- **All the female eggs needed to produce the next generation of the human race could be contained within the shell of one chicken's egg.**
- **Most people can distinguish 10,000 different smells.**
- **Blood takes one minute to be pumped round the body and return to the heart.**
- **There are more than 600 muscles in our muscular system.**

IF YOU LOVE ME, THEN YOU WILL...

(Negotiating for Safer Sex)

In spite of being aware of the need for honest communication about sex, whether in open media like magazines, radio and TV, or between partners in the sexual act, most people feel uncomfortable or embarrassed talking about sex. This applies to both men and women, but more so to women because most are conditioned to believe that "good girls" don't talk about such things.

But in this Age of AIDS, if these conditionings are not consciously dissolved, they will take a heavy toll on human lives. The equation is very simple: *If you want to live long, go only for Safer Sex.* Each individual is totally responsible for his or her sexuality. For a decision as vital as choosing between your life and death, you cannot depend on someone else to make the decision for you. But yes, it is important that your partner participates in the decision-making process and you both jointly choose your Safer Sex option.



Only you have the right to say Yes or No to any activity without feeling guilty. But there will be occasions where you might have to persuade your partner to agree with your view point. This is where your negotiation skills will come into play. Following are some tips to enhance your negotiating abilities while making your choice clear to your partner.

a) **Wait:** till you feel confident about taking the decision of Safer Sex before you say Yes to any sexual activity.

b) **Avoid:** situations where you feel you might be pressurised into sexual activity before you have decided upon Safer Sex.

c) **Learn:** as much as you can about your partner's attitude towards sex in general and about Safer Sex in particular. Gain knowledge about the situation where you are likely to need negotiation.

d) **Think:** clearly about all the aspects. What are the options available? Which would suit you best? How will your partner react? Are you being considerate about your partner? Does it feel right? Only after reflecting clearly, you must take your stand.

e) **Decide:** in advance about which sexual activities you will say yes to and which ones you will refuse. Tell this to your partner before things go out of hand.

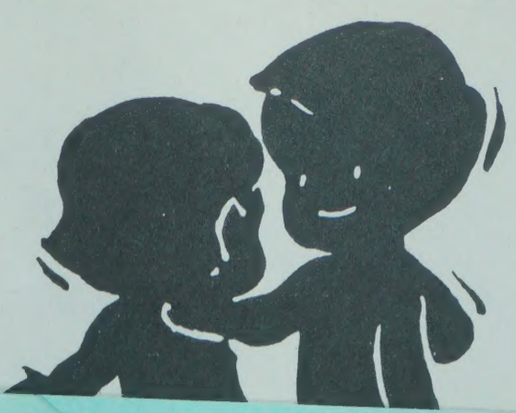
f) **Assert:** yourself strongly if need be. If you don't want something then *say no like you mean it* and repeat it till the message gets across.

g) **Understand:** *Why you are negotiating:* Is it to avoid an unpleasant situation? For protection? To prove your point? For information? For agreement?

What are you negotiating for? For a Yes or a No? To use or not to use? Establishing limits? What to do next?

Just remember that negotiation is easier when you are sure about things and have the time to negotiate, more than once if need be. You can have suggestions ready and persuade your partner by being assertive in tone or even physically. But negotiation is less likely to succeed if you yourself are not sure about your suggestions, or are hesitant and unconvincing. Negotiations can also fail if your partner is not receptive or is emotionally aroused.

Once you are clear about these few ground rules, you will find that with a little practice or modification, they are very easy to follow. You will discover that with this attitude, you no longer succumb or give in to the familiar emotional string of *"If you love me, then you will* do this or that or anything else". Not only will you be more in control of your life but will also remain guilt-free about refusing a request or a demand which you don't want to fulfil.



the

Populatio
organisation
maternal & c
Call and
sexuality, saf

Phone-in

Delhi : 64875
Mumbai : 38

POPULATION SERVICES INTERNATIONAL INDIA

PSI

Disha and PSI/I

Disha is a project of Population Services International-India (PSI/I). PSI is a voluntary social marketing organisation, assisting the Government of India in the fields of family planning, mother and child welfare and AIDS prevention. It is associated with the Washington-based non-profit organisation, PSI, which operates social marketing and communication programmes in over 30 countries. In India, PSI/I not only runs social marketing operations but also innovative programmes on HIV-AIDS prevention. Project Disha being one such programme. Launched in March '94, Disha is a unique project for youth on issues of sex and sexuality, with special emphasis on Safer Sex and prevention of STDs including HIV-AIDS. Looked after by Shalini Singh and Mitulika Chawla, both Associate Project Managers, Disha works by creating a nonjudgemental platform, accessible to young men and women, particularly school and college going students in New Delhi. One such forum is Abhas, a telephone helpline which attempts to answers questions on such issues.

To know more about Abhas, Disha or PSI/I, to advance suggestions for improvement, or to ask a question, write to : PO Box 7360, New Delhi-110065 Or Call at 6487584 (Delhi), 3894371 (Mumbai)

Community Health Library and Information Centre
CPHE - SOCHARA
Koramangala
Bangalore - 34
(CLIC)

ABHAS *The helpline for you* ☎ Delhi - 6487584, Mumbai - 3894371